

HEDIS REPORTING FOR CY2005

INTRODUCTION

The North Carolina Division of Medical Assistance (NC DMA) annually compares selected performance measures across the Division's systems of health care and obtains measures for the Medicaid population as a whole. It does so using the Health Plan Employer Data and Information Set (HEDIS), a widely recognized set of performance indicators. Access, utilization, and quality of care, which are priorities for the Division in administering the Medicaid program, are measured in HEDIS. The Division utilizes these reports to plan quality initiatives, compare North Carolina's measures with national HEDIS means and benchmarks, make consistent comparisons of performance between the Medicaid systems of care, and report to state and federal agencies interested in Medicaid.

As of July 1, 2006, NC DMA had three managed care programs for Medicaid recipients. The first, Carolina ACCESS, is a basic primary care case management (PCCM) program that has expanded to all 100 counties in North Carolina since its introduction in 1991. Through the Carolina ACCESS program, NC DMA contracts with primary care providers to provide preventive and sick care, as well as to coordinate specialty care, for recipients linked to their practices. Providers are paid a management fee for each recipient.

The ACCESS II program is a community-based managed care program that expands the PCCM concept to incorporate targeted case management and disease management. Participating providers are members in local administrative networks, which collaborate to develop consistent care practices for chronic diseases such as asthma and diabetes. Providers and the administrative entities are paid administrative fees for each recipient enrolled with them. The fees paid to the entities are used to oversee care-management and quality-improvement initiatives. Together, Carolina ACCESS and ACCESS II constitute Community Care of North Carolina (CCNC).

The third managed care plan is Health Care Connections, a risk-based, capitated program serving recipients in Mecklenburg County, North Carolina. Wellpath Select, Inc., under the name of SouthCare, is a health maintenance organization (HMO) and the only managed care organization (MCO) contracting with NC DMA. The contract was discontinued July 31, 2006.

Approximately 70% of North Carolina's Medicaid population are enrolled in one of the managed care programs. The remaining 30% are enrolled in traditional fee-for-service Medicaid. Managed care enrollment is dependent upon the recipients' eligibility classifications. However, there are special circumstances that would warrant exemption from participation in managed care.

METHODOLOGY

Terminology

The HEDIS results included in this report were obtained according to the HEDIS 2006 Technical Specifications. Eligible populations were drawn from eligibility and claims data from the NC DMA's data warehouses, using the following HEDIS definitions.

- Continuous enrollment—the time in months that the recipient is enrolled in Medicaid before a particular date or event. A recipient must be enrolled at least 11 of the 12 months in a year to be considered continuously enrolled.
- Anchor date—a date in time at which the recipient is required to be enrolled in Medicaid to be counted in the measure.
- Other specific parameters—may include but are not limited to age, gender, medical diagnosis, or previous procedure/condition.

Data Sources and Limitations

Data in this report are based on HEDIS measurement year 2005 for reporting year 2006. Data were abstracted from eligibility, claims, and encounter data. Data limitations that may affect the reported results are as follows.

- The MCO submits only paid encounters. To ensure reliable comparisons, therefore, **we considered only the paid claims** for the remaining systems of care as well.
- Generally, **data were retrieved using a 6-month lag time** to allow claims to process. This time period may be adequate for office-based visits, but might result in undercounting of inpatient visits.
- The NC DMA DRIVE data warehouse contains a rolling 67 months of data. As a result, **some exclusions occurring prior to this period might not have been identified.**
- **This report contains results reported from administrative data only.** A lack of staff and financial resources precludes the Division from collecting data through the hybrid methodology, which is comprised of a combination of administrative data (claims and encounters) and data abstracted from client medical records. Therefore, **some measures may reflect lower-than-actual rates of service delivery.**
- Encounter data are processed through a complex series of audits and edits that includes shadow pricing of the claims. Encounters that fail the audits and edits are denied payment and are returned to the MCO for correction. They are not loaded into the data warehouse until the claims are corrected. Therefore, **MCO results may be underreported.**
- **MCO encounter data were difficult to retrieve** due to the decreasing MCO population, which is currently less than 10,000. For many of the tables included in this document, **the rate denominators may appear low** due to the small number of HMO enrollees who met the specified criteria.

- **Technical specifications changed dramatically in the last few years for diabetic retinol exams.** Specifications have limited the number of eye exams counted in this data as a result of requiring test results. NC DMA does not have the ability to capture test results in the claims data. This resulted in exams' being **excluded from the numerator for any eye exams performed in the year prior to the measurement year.**
- For children 6 years and above, Medicaid requires one periodic well child check every 3 years, but will reimburse for an interperiodic screening each year. This has caused some confusion among providers as to what is covered by North Carolina's Medicaid program. In turn, **this may result in lower well-child visit rates for this population.**
- **Immunization rates are not included in this report.** NC DMA obtains supplemental data about immunizations from the North Carolina Immunization Registry, maintained by the Division of Public Health. Due to systemic changes, these data were not available at the time of this report. We hope to add this information in the fall of 2006.

Children with Special Health Care Needs

In recent years, NC DMA has focused on measures relating to access to services and quality of care for children with special health care needs (CSHCN). North Carolina uses the federal Centers for Medicare and Medicaid (CMS) definition of CSHCN, which is based on eligibility categories as well as on self-identification arising from a parent's (or guardian's) responses to five questions relating to the child's medical needs, use of specialists, and use of special equipment.

Subsets of HEDIS measures for CSHCN are included in this report. These measures, as well as focused care studies, are used to assess quality of care and to report to state and federal agencies.

NC DMA Measures for Reporting Year 2006

- Breast cancer screening
- Cervical cancer screening
- Diabetic HbA1c testing
- Diabetic retinal exams
- Diabetic LDL-C screening
- Appropriate medications for people with asthma, ages 5–9 years, 10–17 years, and 18–56 years*
- Adults' access to preventive/ambulatory services, ages 20–44 years, 45–64 years, and 65 and older years
- Children's access to primary care providers, ages 12–24 months, 25 months–6 years, and 7–11 years*
- Well-child visits in the first 15 months of life, 0–6+ visits*
- Well-child visits in the 3rd–6th years of life*
- Adolescent well care visits, ages 12–19 years*
- Prenatal care*

- Inpatient utilization—general hospital acute care, total inpatient acute care, medical, surgery, and maternity*
- Ambulatory care, outpatient visits, emergency room visits, ambulatory surgery visits, and observation room visits*

*Indicates subset data for CSHCN

REPORTING YEAR 2006 RESULTS

North Carolina performance exceeded the national mean across all systems of care for a number of measures including children's access to primary care providers for all ages and well child visits in the first 15 months of life.

Generally, rates of recommended preventive services were higher in the CCNC programs than in the HMO and fee-for-service programs. As mentioned in previous reports, the HMO data rely on encounter data; rates may be underreported due to the complexity of the encounter data submissions. Due to the small HMO population, the service rates may also be lower than in other systems of care.

Areas for improvement include

- adolescent well care visits
- prenatal care
- inpatient utilization in acute care, for all areas
- outpatient utilization ambulatory care in outpatient visits, emergency department visits, and surgical procedures

The Division is hoping for improvement in these areas as a result of broad new initiatives across North Carolina. CCNC has many initiatives now underway, including the following quality improvement initiatives:

- asthma disease management
- diabetes disease management
- pharmacy management
- emergency department management
- case management of high-cost/high-risk patients
- heart failure (started spring 2006)

In addition to the program-wide initiatives, individual networks are developing and implementing quality improvement initiatives for their enrolled populations. As these pilots are measured and evaluated, the program will identify opportunities for replication to other networks. Some of the pilots being implemented are as follows.

[Assuring Better Child Development \(ABCD\)](#)—Identifying and referring children (ages 0–5) with developmental delays for early intervention.

[Gastroenteritis \(GE\)](#)—Developing practice guidelines and parental education on the management of mild to moderate GE.

Otitis Media (OM)—Educating parents on the appropriateness of treatment options for OM.

Projects with Public Health—Providing efficient prenatal and postpartum care; improving self-management efforts for people with diabetes.

Diabetes Disparities—Improving care of people with diabetes in minority populations.

Medical Home/Emergency Department Communications—Decreasing inappropriate emergency department use through education and awareness of the medical home concept.

Learn more about these and other special initiatives in the development and planning stage by reading the [Special Initiatives Workplan](#) at www.communitycarenc.com.

**Comparisons of HEDIS Data by Systems of Care, NC DMA Total,
Calendar Years, and HEDIS Means**

| Indicator | Date | CA I | CA II | Aggregate HMO | Fee for Service | Total DMA | HEDIS Mean |
|-------------------------------------------------------|--------------------|-------|-------|------------------|--------------------|--------------|---------------|
| Screening Services | | | | | | | |
| Breast Cancer Screening | CY 2005 | 54.04 | 54.27 | 46.00 | 42.81 | 46.10 | 53.6 |
| | CY 2004 | 51.70 | 53.27 | 52.27 | 42.42 | 44.66 | 55.5 |
| Cervical Cancer Screening | CY 2005 | 58.93 | 59.35 | 62.78 | 44.95 | 51.49 | 64.4 |
| | CY 2004 | 60.07 | 59.94 | 62.06 | 44.26 | 51.71 | 63.5 |
| Diabetic HbA1c Testing | CY 2005 | 50.26 | 53.84 | 64.71 | 22.16 | 32.53 | 74.7 |
| | CY 2004 | 51.75 | 58.20 | 66.67 | 27.49 | 37.24 | 73.9 |
| Diabetic Retinal Exams | CY 2005 | 46.88 | 46.61 | 30.88 | 47.9 | 47.47 | 43.9 |
| | CY 2004 | 42.42 | 42.38 | 19.75 | 41.18 | 41.57 | 44.1 |
| LDL-C Screening | CY 2005 | 58.23 | 60.89 | 67.65 | 28.18 | 38.97 | 78.2 |
| | CY 2004 | 56.92 | 60.80 | 67.90 | 28.30 | 39.01 | 74.8 |
| Appropriate Medications for People with Asthma | | | | | | | |
| Ages 5–9 Years | CY 2005 | 95.01 | 93.34 | 84.21 | 92.28 | 93.02 | 62.9 |
| | CY 2004 | 78.85 | 80.60 | 50.00 | 78.27 | 79.14 | 61.3 |
| Ages 10–17 Years | CY 2005 | 89.92 | 91.64 | 70.00 | 90.49 | 90.98 | 61.8 |
| | CY 2004 | 76.87 | 80.21 | 55.56 | 74.59 | 76.97 | 61.4 |
| Ages 18–56 Years | CY 2005 | 74.72 | 77.51 | 87.50 | 76.40 | 76.61 | 64.2 |
| | CY 2004 | 59.90 | 61.22 | 11.11 | 61.63 | 61.15 | 65.4 |

| Indicator | Date | CA I | CA II | Aggregate HMO | Fee for Service | Total DMA | HEDIS Mean |
|---------------------------------------------------------|----------------|-------|-------|---------------|-----------------|-----------|---------------|
| Adults' Access to Preventive/Ambulatory Services | | | | | | | |
| Ages 20–44 Years | CY 2005 | 85.09 | 79.47 | 71.72 | 80.43 | 80.55 | 75.8 |
| | CY 2004 | 83.00 | 77.72 | 65.91 | 79.53 | 79.50 | 74.9 |
| | | | | | | | |
| Ages 45–64 Years | CY 2005 | 91.51 | 87.03 | 79.17 | 78.33 | 81.82 | 81.1 |
| | CY 2004 | 89.56 | 85.97 | 67.83 | 78.05 | 81.41 | 81.0 |
| | | | | | | | |
| Ages 65 Years and Older | CY 2005 | 93.2 | 90.2 | 0 | 75.81 | 77.19 | 79.8 |
| | CY 2004 | 90.68 | 87.67 | 100 | 75.22 | 76.47 | 77.4 |
| | | | | | | | |
| Children's Access to Primary Care Providers | | | | | | | |
| 12–24 Months | CY 2005 | 98.58 | 96.89 | 96.30 | 96.49 | 96.85 | 92.0 |
| | CY 2004 | 98.23 | 96.48 | 85.46 | 95.19 | 96.20 | 92.0 |
| | | | | | | | |
| 25 Months–6 Years | CY 2005 | 91.99 | 88.50 | 75.85 | 86.43 | 87.96 | 81.6 |
| | CY 2004 | 90.23 | 87.49 | 64.85 | 84.43 | 86.80 | 81.5 |
| | | | | | | | |
| 7–11 Years | CY 2005 | 88.46 | 84.65 | 62.61 | 83.71 | 84.40 | 82.5 |
| | CY 2004 | 85.38 | 84.79 | 65.80 | 82.98 | 83.91 | 81.7 |
| | | | | | | | |
| 12–19 Years | CY 2005 | 85.28 | 81.97 | 62.70 | 81.89 | 82.09 | 79.1 |
| | CY 2004 | 82.95 | 82.36 | 65.54 | 81.66 | 82.03 | Not Available |
| | | | | | | | |
| Well Child Visits in the First 15 Months of Life | | | | | | | |
| No Visits | CY 2005 | 0.93 | 2.20 | 3.66 | 2.98 | 2.46 | 6.2 |
| | CY 2004 | 0.84 | 2.08 | 8.96 | 3.59 | 2.69 | 6.4 |
| | | | | | | | |

| Indicator | Date | CA I | CA II | Aggregate HMO | Fee for Service | Total DMA | HEDIS Mean |
|-------------------------------------------------------|----------------|-------------|--------------|----------------------|------------------------|------------------|-------------------|
| One Visit | CY 2005 | 1.42 | 1.88 | 6.81 | 3.32 | 2.52 | 4.2 |
| | CY 2004 | 1.44 | 1.97 | 10.85 | 3.68 | 2.79 | 4.0 |
| | | | | | | | |
| Two Visits | CY 2005 | 1.66 | 2.20 | 14.14 | 4.84 | 3.41 | 5.1 |
| | CY 2004 | 2.47 | 2.20 | 13.21 | 5.04 | 3.72 | 5.2 |
| | | | | | | | |
| Three Visits | CY 2005 | 4.67 | 4.09 | 12.04 | 7.62 | 5.78 | 7.9 |
| | CY 2004 | 4.96 | 3.92 | 22.64 | 8.28 | 6.35 | 8.1 |
| | | | | | | | |
| Four Visits | CY 2005 | 9.09 | 8.05 | 23.04 | 12.71 | 10.32 | 12.9 |
| | CY 2004 | 9.79 | 8.13 | 25.47 | 12.89 | 10.84 | 13.0 |
| | | | | | | | |
| Five Visits | CY 2005 | 21.95 | 18.74 | 17.80 | 19.91 | 19.52 | 18.7 |
| | CY 2004 | 19.70 | 18.93 | 12.74 | 20.19 | 19.64 | 18.8 |
| | | | | | | | |
| Six or More Visits | CY 2005 | 60.28 | 62.84 | 22.51 | 48.63 | 55.98 | 45.0 |
| | CY 2004 | 60.80 | 62.76 | 6.13 | 46.32 | 53.97 | 44.5 |
| | | | | | | | |
| Other Preventive Care | | | | | | | |
| Well Child Visits in the 3rd–6th Years of Life | CY 2005 | 61.27 | 63.31 | 51.81 | 58.20 | 61.37 | 62.0 |
| | CY 2004 | 62.26 | 61.73 | 37.28 | 56.48 | 59.99 | 59.9 |
| | | | | | | | |
| Adolescent Well Care Visits Ages 12–19 Years | CY 2005 | 30.81 | 32.17 | 24.79 | 30.32 | 31.32 | 39.3 |
| | CY 2004 | 30.15 | 31.87 | 19.11 | 30.19 | 30.86 | 37.9 |
| | | | | | | | |
| Prenatal Care | CY 2005 | 33.52 | 41.29 | 17.02 | 40.23 | 39.83 | 78.4 |
| | CY 2004 | 33.87 | 46.08 | 11.76 | 39.82 | 39.90 | 75.9 |

All values are reported in percentages. Testing and screenings represent the percentage of enrollees who had the designated test or screening. Appropriate Medications for People with Asthma is the percentage of enrollees who were identified as having persistent asthma as defined by HEDIS and who were appropriately prescribed medication. Persistent asthma is defined by HEDIS by services and medications used rather than clinical measure of severity. Appropriate medications include Cromolyn sodium, Inhaled Corticosteroids, Leukotriene modifiers, Methylxanthines, or Nedocromil. Adults' Access to Preventive/Ambulatory Services is the percentage of enrollees of the designated age who had an ambulatory or preventive care visit. Children's Access to Primary Care Providers is the percentage of enrollees of the designated age who had a visit with a primary care provider. Well Child visits is the percentage of enrollees of the designated age who had the indicated number of well child visits with a primary care provider.

Utilization Indicators—Inpatient

| Indicator | Date | Age <1 Year | Ages 1–9 Years | Ages 10–19 Years | Ages 20–44 Years | Ages 45–64 Years | Ages 65–74 Years | Ages 75–84 Years | Ages 85+ Years | Total | HEDIS Mean |
|------------------|--------------------|-------------------|----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|----------------------|-------|---------------|
| Total | CY 2005 | 10.8 | 2.5 | 6.4 | 29.0 | 23.4 | 6.1 | 6.8 | 8.5 | 11.9 | 7.5 |
| | CY 2004 | 10.9 | 2.4 | 6.4 | 28.1 | 24.7 | 7.6 | 8.9 | 10.8 | 12.2 | 8.2 |
| Maternity | CY 2005 | N/A | N/A | 4.2 | 18.3 | 0.03 | N/A | N/A | N/A | 8.6 | 5.7 |
| | CY 2004 | N/A | N/A | 4.3 | 17.1 | .01 | N/A | N/A | N/A | 8.3 | 4.8 |
| Surgery | CY 2005 | 1.2 | 0.4 | 0.6 | 3.1 | 5.4 | 0.9 | 0.9 | 0.9 | 1.6 | 1.1 |
| | CY 2004 | 1.4 | 0.3 | 0.7 | 3.2 | 5.9 | 1.0 | 1.0 | 1.0 | 1.7 | 1.2 |
| Medicine | CY 2005 | 9.5 | 2.1 | 1.5 | 7.6 | 18.0 | 5.2 | 5.9 | 7.6 | 5.7 | 3.3 |
| | CY 2004 | 9.6 | 2.1 | 1.5 | 7.7 | 18.8 | 6.6 | 8.0 | 9.8 | 6.0 | 3.8 |

Inpatient utilization (general hospital and acute care). Values are reported as discharges per 1000 member months.

Utilization Indicators—Ambulatory Care

| Indicator | Date | Ages <1 Year | Ages 1–9 Years | Ages 10–19 Years | Ages 20–44 Years | Ages 45–64 Years | Ages 65–74 Years | Ages 75–84 Years | Ages 85+ Years | Total | HEDIS Mean |
|-------------------------------------------|------------|--------------------|----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|----------------------|-------|---------------|
| Outpatient | CY 2005 | 873.3 | 308.5 | 231.5 | 444.2 | 651.8 | 603.4 | 610.2 | 609.5 | 426.5 | 282.9 |
| | CY 2004 | 808.9 | 279.3 | 212.8 | 394.9 | 561.5 | 508.9 | 523.9 | 531.7 | 378.8 | 279.5 |
| Emergency Department | CY 2005 | 90.9 | 48.0 | 45.1 | 109.6 | 76.5 | 40.7 | 37.9 | 39.6 | 63.9 | 49.2 |
| | CY 2004 | 84.6 | 44.0 | 42.9 | 103.0 | 73.0 | 37.3 | 35.7 | 37.7 | 60.1 | 49.5 |
| Ambulatory Surgery | CY 2005 | 4.5 | 3.8 | 2.4 | 12.2 | 25.6 | 21.9 | 17.2 | 10.2 | 9.4 | 4.5 |
| | CY 2004 | 4.2 | 3.6 | 2.3 | 11.4 | 22.6 | 19.1 | 15.3 | 8.6 | 8.5 | 4.9 |
| Ambulatory Care Observation Room | CY 2005 | 0.9 | 0.3 | 1.7 | 5.2 | 0.5 | 0.3 | 0.2 | 0.2 | 1.6 | 1.5 |
| | CY 2004 | 0.7 | 0.3 | 1.6 | 4.9 | 0.5 | 0.2 | 0.3 | 0.2 | 1.5 | 1.4 |

All values are reported as visits or procedures per 1000 member months.

**HEDIS Measures for CSHCN Measurement Year 2005
(Reporting Year 2006)**

| Indicator | Date | CAI | CA II | Aggregate HMO | Fee for Service | DMA Total |
|---------------------------------------------------------------|--------------------|-------------|-------|------------------|--------------------|--------------|
| Well Child Visits in the First 15 Months of Life | | | | | | |
| 0 Visits | CY 2005 | 0.67 | 1.11 | 0 | 3.99 | 2.59 |
| | CY 2004 | 0.84 | 1.38 | 0 | 5.05 | 3.33 |
| 1 Visit | CY 2005 | 0.89 | 1.43 | 0 | 4.42 | 2.96 |
| | CY 2004 | 2.11 | 1.58 | 0 | 4.88 | 3.48 |
| 2 Visits | CY 2005 | 2.00 | 2.42 | 14.29 | 6.43 | 4.51 |
| | CY 2004 | 2.53 | 2.52 | 28.57 | 5.97 | 4.45 |
| 3 Visits | CY 2005 | 6.00 | 4.73 | 14.29 | 9.72 | 7.45 |
| | CY 2004 | 5.16 | 4.45 | 42.86 | 8.84 | 7.01 |
| 4 Visits | CY 2005 | 8.89 | 9.85 | 0 | 13.68 | 11.78 |
| | CY 2004 | 11.70 | 8.70 | 28.57 | 13.34 | 11.71 |
| 5 Visits | CY 2005 | 24 .00 | 17.28 | 28.57 | 19.07 | 18.72 |
| | CY 2004 | 19.60 | 18.19 | 0 | 20.08 | 19.41 |
| 6 or More Visits | CY 2005 | 57.56 | 63.17 | 42.86 | 42.69 | 52.00 |
| | CY 2004 | 58.06 | 63.17 | 0 | 41.84 | 50.61 |
| Other Well Care Visits | | | | | | |
| Well Child Visits in the 3rd–6th Years of Life | CY 2005 | 65.33 | 65.87 | 60.87 | 62.91 | 64.52 |
| | CY 2004 | 66.13 | 65.50 | 28.00 | 61.83 | 64.15 |

| Indicator | Date | CAI | CA II | Aggregate HMO | Fee for Service | DMA Total |
|---------------------------------------------|---------|-------|-------|---------------|-----------------|-----------|
| Adolescent Well Care Visits | CY 2005 | 26.82 | 31.72 | 17.95 | 36.19 | 33.56 |
| | CY 2004 | 29.91 | 30.70 | 12.36 | 36.78 | 33.31 |
| Children's Access to Primary Care Providers | | | | | | |
| 12–24 Months | CY 2005 | 98.60 | 98.29 | 100 | 97.45 | 97.93 |
| | CY 2004 | 98.63 | 97.93 | 89.47 | 96.52 | 97.42 |
| 25 Months–6 Years | CY 2005 | 94.98 | 91.94 | 81.25 | 90.80 | 91.60 |
| | CY 2004 | 93.31 | 92.16 | 63.64 | 90.14 | 91.55 |
| 7–11 Years | CY 2005 | 89.85 | 88.90 | 77.14 | 88.03 | 88.48 |
| | CY 2004 | 87.83 | 89.48 | 75.00 | 87.26 | 87.97 |
| 12–19 Years | CY 2005 | 85.37 | 82.94 | 68.85 | 84.59 | 83.96 |
| | CY 2004 | 84.10 | 83.83 | 68.52 | 83.69 | 83.76 |

Values are reported as the percentage of eligible recipients who had a visit with a primary care provider during the measurement year.

Utilization Indicators for Persons under 20 Years of Age

| Indicator | Date | Age <1 Year | Ages 1–9 Years | Ages 10–19 Years | Total |
|-------------------------------------------------------------|--------------------|----------------|-------------------|---------------------|-------|
| Ambulatory Care, in Visits per 1000 Member Months | | | | | |
| Outpatient | CY 2005 | 990.6 | 429.3 | 283.4 | 404.3 |
| | CY 2004 | 939.2 | 393.8 | 259.5 | 377.9 |
| | | | | | |
| Emergency Room | CY 2005 | 115.1 | 58.2 | 47.1 | 57.4 |
| | CY 2004 | 109.9 | 55.0 | 45.5 | 55.2 |
| | | | | | |
| Ambulatory Surgery | CY 2005 | 6.8 | 7.4 | 3.1 | 5.4 |
| | CY 2004 | 7.3 | 6.9 | 3.1 | 5.2 |
| | | | | | |
| Observation Room | CY 2005 | 1.6 | 0.9 | 0.9 | 1.0 |
| | CY 2004 | 1.2 | 0.6 | 0.9 | 0.8 |
| Inpatient Acute Care, in Days per 1000 Member Months | | | | | |
| Total | CY 2005 | 149.7 | 31.7 | 26.2 | 38.2 |
| | CY 2004 | 183.1 | 28.8 | 25.4 | 39.7 |
| | | | | | |
| Medical | CY 2005 | 77.8 | 22.3 | 15.2 | 23.3 |
| | CY 2004 | 92.9 | 20.6 | 14.7 | 23.8 |
| | | | | | |
| Surgery | CY 2005 | 71.9 | 9.3 | 7.7 | 13.4 |
| | CY 2004 | 90.3 | 8.2 | 7.6 | 14.5 |
| | | | | | |
| Maternity | CY 2005 | N/A | N/A | 3.3 | 3.3 |
| | CY 2004 | N/A | N/A | 3.1 | 3.1 |